



# CITY OF GARDEN GROVE OFFICE OF THE CITY CLERK

*Safeguard all official records of the City.  
Conduct municipal elections and oversee legislative administration.  
Provide reliable, accurate, and timely information to the  
City Council, staff, and the general public.*

**Steven R. Jones**  
Mayor

**Kris Beard**  
Mayor Pro Tem - District 1

**John R. O'Neill**  
Council Member - District 2

**Thu-Ha Nguyen**  
Council Member - District 3

**Patrick Phat Bui**  
Council Member - District 4

**Stephanie Klopfenstein**  
Council Member - District 5

**Kim Bernice Nguyen**  
Council Member - District 6

February 22, 2018

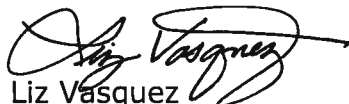
Seavco dba IRV Seaver Motorcycles  
607 West Katella Avenue  
Orange, CA 92867-4607

Attention: David Diaz, General Manager

Enclosed is a copy of Amendment No. 3 to the Agreement by and between the City of Garden Grove and Seavco dba IRV Seaver Motorcycles to provide parts, materials, equipment, and labor for service and repair of leased BMW Motorcycles for the Garden Grove Police Department.

Sincerely,

Teresa Pomeroy, CMC  
City Clerk

By:   
Liz Vasquez  
Deputy City Clerk

Enclosure

c: Finance Department  
Finance Department/Purchasing  
Public Works Department

**CITY OF GARDEN GROVE**

**AMENDMENT NO. 3**

To: Furnish all parts, materials, equipment, and labor for Service and Repair of leased BMW Motorcycles for the Garden Grove Police Department.

This Amendment No. 3 to Furnish all parts, materials, equipment, and labor for Service and Repair of leased BMW Motorcycles for the Garden Grove Police Department is made and entered into this 20<sup>th</sup> day of February 2018, by and between the **CITY OF GARDEN GROVE**, hereinafter referred to as "CITY", and **Seavco DBA IRV Seaver Motorcycles**, hereinafter referred to as "CONTRACTOR".

WHEREAS, Contractor and CITY entered into Contract No. 153055 effective November 18, 2014.

WHEREAS, Contractor and CITY desire to amend the Existing Contract as provided herein.

Now, therefore, it is mutually agreed, by and between the parties as follows:

Section 1: Term and Termination, shall be revised as follows:

The CITY hereby extends the performance period from November 18, 2017 to November 17, 2018.

Section 3: Compensation - shall be revised as follows:

The contract Price is hereby increased from \$74,997.00 to a new Firm Fixed Price of \$99,996.00. This is an increase of \$24,999.00 to cover the third option year.

Except as expressly amended hereby, the Existing Contract remains in full force and effect as originally executed.

IN WITNESS WHEREOF, the parties have caused this Amendment No. 3 to the Existing Contract to be executed by their respective officers duly authorized on the date first written above.

Date: 2/20/18

**"CITY"**  
**CITY OF GARDEN GROVE**

By: [Signature]  
City Manager

**ATTESTED:**

[Signature]  
City Clerk

Date: 2/20/18

**"CONTRACTOR"**  
**Seavco DBA IRV Seaver Motorcycles**

By: [Signature]

Name: David A. Diaz

Title: General Manager

Date: January 22, 2018

If CONTRACTOR is a corporation, a Corporate Resolution and/or Corporate Seal is required. If a partnership, Statement of Partnership must be submitted to CITY.

**APPROVED AS TO FORM:**

[Signature]  
Garden Grove City Attorney

1-26-18  
Date





# CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YYYY)  
01/22/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <i>Amber Ford</i> Sentry Insurance Company 1800 North Point Drive Stevens Point, WI 54481 <i>800-473-6879</i>  <i>amber.ford@sentry.com</i>	<b>CONTACT NAME:</b> Sentry Customer Service
	<b>PHONE (A/C, No, Ext):</b> 800-473-6879 <b>FAX (A/C, No):</b> 888-533-7827 <b>EMAIL ADDRESS:</b> businessproducts_ssdo@sentry.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> SENTRY SELECT INSURANCE COMPANY <i>AT, XV</i>	<b>NAIC #</b> 21180
<b>INSURER B:</b>	
<b>INSURER C:</b> <i>Mark Bruerton</i>	
<b>INSURER D:</b> <i>626-278-4632</i>	
<b>INSURER E:</b> <i>mark.bruerton@sentry.com</i>	
<b>INSURER F:</b> <i>sentry.com</i>	

**COVERAGES**      **PROD / CUSTOMER ID:**      **CERTIFICATE #:** 0602      **REVISION #:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GARAGE LIABILITY</b>	X		25-62107-03	03/01/2017	03/01/2018	AUTO ONLY (Ea accident) \$ 500,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS USED IN GARAGE BUSINESS						OTHER THAN AUTO ONLY EA ACCIDENT \$ 500,000 AGGREGATE \$ 2,500,000
	<b>GARAGE KEEPERS LIABILITY</b>						<input type="checkbox"/> COMP / OTC SPECIFIED PERILS LOC \$ <input type="checkbox"/> COLLISION LOC \$ <input type="checkbox"/> LOC \$
	<b>COMMERCIAL GENERAL LIABILITY</b>						<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			25-62107-03	03/01/2017	03/01/2018	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 9,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N <input type="checkbox"/> (Mandatory in NH) If yes, describe under REMARKS below
							E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

*Reviewed and approved as to insurance language and requirements.*  
*Neeraj Jay*  
Risk Management  
2-9-18

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Refer to attached

<b>CERTIFICATE HOLDER</b> CITY OF GARDEN GROVE 11222 ACACIA PKWY GARDEN GROVE, CA 92840	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>John Heyland</i>
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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Sentry Insurance Company		NAMED INSURED SEAVCO DBA IRV SEAVER	
POLICY NUMBER 25-62107-03			
CARRIER	NAIC CODE	EFFECTIVE DATE: 03/01/2017	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 30 FORM TITLE: Certificate Of Garage Insurance**Remarks**

CITY OF GARDEN GROVE ITS OFFICERS, OFFICIALS, AGENTS, EMPLOYEES, AND VOLUNTEERS.

GARAGEKEEPERS: \$500,000 WITH \$1000 COMPREHENSIVE AND COLLISION DEDUCTIBLES.

POLICY IS PRIMARY AND NON-CONTRIBUTORY.



COMMERCIAL AUTO DECLARATIONS

POLICY NUMBER 25-62107-03

Name and Address of  
the Additional Insured

CITY OF GARDEN GROVE  
 11222 ACACIA PKWY  
 GARDEN GROVE, CA 92840

Name and Address  
of the Named Insured

SEAVCO DBA IRV SEAVER  
 MOTORCYCLES  
 607 W KATELLA  
 ORANGE, CA 92867

DESIGNATED INSURED SCHEDULE

The following information is required to complete the accompanying  
 Designated Insured Endorsement which forms a part of the Named Insured's  
 Commercial Auto Policy.

ENDORSEMENT

CA 88 04 10 13

EFFECTIVE

FROM March 01, 2017  
 TO March 01, 2018

FOR ENDORSEMENT TEXT,  
SEE OVER.

CA DS 81 10 13 (MECH)

Reviewed and approved as to insurance language  
 and/or requirements.  
*Heidi M. Jay*  
 Risk Management  
 2-9-18

IRV 25-62107-03 50 171  
 01-22-2018  
 (000 0002)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II - GENERAL LIABILITY COVERAGES, paragraph D. WHO IS AN INSURED is amended by the addition of the following:

The following are "insureds" for "auto dealer operations";

The person or organization listed in the schedule above, but only with respect to liability arising out of your "auto dealer operations" or premises owned by or rented to you.

All other terms and provisions of the policy remain unchanged.

SENTRY SELECT INSURANCE COMPANY  
STEVENS POINT, WISCONSIN  
(A PARTICIPATING STOCK COMPANY)  
A MEMBER OF THE SENTRY FAMILY OF INSURANCE COMPANIES

COMMERCIAL EXCESS/UMBRELLA POLICY

COMMERCIAL EXCESS/UMBRELLA  
LIABILITY DECLARATIONS

POLICY NUMBER: 25-62107-03

DESIGNATED INSURED  
-----

Under Coverage E only, the following are Designated Insureds for liability arising out of the ownership, maintenance or use of an "auto" for which coverage under Coverage E of this policy applies:

EVAN BELL

-----  
ADVANCE PREMIUM: Your actual premium for this insurance will be determined on final audit.

The following forms and endorsements are a part of this policy:

EU 70 03 09 12    EU 70 89 05 14    EU 88 00 12 07    EU 88 06 12 04  
IL 00 17 11 98

EU DS 01 12 04

IRV 25-62107-03 60 181  
02-09-18  
PAGE 002

Reviewed and approved as to insurance language  
and/or requirements.

*Neelam Jay*  
Risk Management  
2-9-18





THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GARAGEKEEPERS COVERAGE  
LEGAL LIABILITY COVERAGE - NATURAL DISASTERS  
DIRECT PRIMARY COVERAGE - OTHER THAN NATURAL DISASTERS

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM

With respect to the coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

SECTION I, PART E. - GARAGEKEEPERS COVERAGE is amended by the addition of the following:

Except for "loss" caused by windstorm, hail, flood or rising water, earthquake or other earth movement or other natural disaster, the Garagekeepers Coverage is changed to apply without regard to your legal liability and is primary insurance.

For "loss" caused by windstorm, hail, flood or rising water, earthquake or other earth movement or other natural disaster, the Garagekeepers Coverage will apply to the "loss" on a legal liability basis only.

All other terms and provisions of this policy remain unchanged

Reviewed and approved as to insurance language  
and/or requirements.

*Deirdre M. Jay*  
Risk Management  
2-9-18

CA 87 10 10 13 ✓

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA CHANGES

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, California, this endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. The term "spouse" is replaced by the following:

Spouse or registered domestic partner under California law.

B. The following are added to the OTHER INSURANCE Condition in the Auto Dealers and Business Auto Coverage Forms and the OTHER INSURANCE - PRIMARY AND EXCESS INSURANCE PROVISIONS Condition in the Motor Carrier Coverage Form and supersede any provisions to the contrary:

1. When this Coverage Form and any other Coverage Form or policy providing liability coverage apply to an "auto" and:
  - a. One provides coverage to a Named Insured engaged in the business of selling, repairing, servicing, delivering, testing or road-testing "autos"; and
  - b. The other provides coverage to a person not engaged in that business; and
  - c. At the time of an "accident", a person described in Paragraph 1.b. is operating an "auto" owned by the business described in Paragraph 1.a., then that person's liability coverage is primary and the Coverage Form issued to a business described in Paragraph 1.a. is excess over any coverage available to that person.
2. When this Coverage Form and any other Coverage Form or policy providing liability coverage apply to an "auto" and:
  - a. One provides coverage to a Named Insured engaged in the business of selling, repairing, servicing, delivering, testing or road-testing "autos"; and
  - b. The other provides coverage to a person not engaged in that business; and
  - c. At the time of an "accident", an "insured" under the Coverage Form described in Paragraph 2.a. is operating an "auto" owned by a person described in Paragraph 2.b., then the Coverage Form issued to the business described in Paragraph 2.a. is primary and the liability coverage issued to a person described in Paragraph 2.b. is excess over any coverage available to the business.

Reviewed and approved as to insurance language  
and/or requirements

*Heidi M. Jay*  
Risk Management  
2-9-18

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## CALIFORNIA CHANGES - CONTINUED

3. When this Coverage Form and any other Coverage Form or policy providing liability coverage apply to a "commercial vehicle" and:
  - a. One provides coverage to a Named Insured, who in the course of business, rents or leases "commercial vehicles" without operators; and
  - b. The other provides coverage to a person other than as described in Paragraph 3.a.; and
  - c. At the time of an "accident", a person who is not the Named Insured of the policy described in Paragraph 3.a., and who is not the agent or "employee" of such Named Insured, is operating a "commercial vehicle" provided by the business covered by the Coverage Form or policy described in Paragraph 3.a., then the liability coverage provided by the Coverage Form or policy described in Paragraph 3.b. is primary, and the liability coverage provided by the Coverage Form or policy described in Paragraph 3.a. is excess over any coverage available to that person.
4. Notwithstanding Paragraph B.3., when this Coverage Form and any other Coverage Form or policy providing liability coverage apply to a power unit and any connected "trailer" or "trailers" and:
  - a. One provides coverage to a Named Insured engaged in the business of transporting property by "auto" for hire; and
  - b. The other provides coverage to a Named Insured not engaged in that business; and
  - c. At the time of an "accident", a power unit is being operated by a person insured under the Coverage Form or policy described in Paragraph 4.a., then that Coverage Form or policy is primary for both the power unit and any connected "trailer" or "trailers" and the Coverage Form or policy described in Paragraph 4.b. is excess over any other coverage available to such power unit and attached "trailer" or "trailers".

## C. As used in this endorsement:

"Commercial vehicle" means an "auto" subject to registration or identification under California law which is:

1. Used or maintained for the transportation of persons for hire, compensation or profit;
2. Designed, used or maintained primarily for the transportation of property; or
3. Leased for a period of six months or more.

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SENTRY SELECT INSURANCE COMPANY  
STEVENS POINT, WISCONSIN  
(A PARTICIPATING STOCK COMPANY)  
A MEMBER OF THE SENTRY FAMILY OF INSURANCE COMPANIES

COMMERCIAL EXCESS/UMBRELLA POLICY

COMMERCIAL EXCESS/UMBRELLA  
LIABILITY DECLARATIONS

POLICY NUMBER: 25-62107-03

LIMITS OF INSURANCE AND RETAINED LIMIT  
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GENERAL AGGREGATE LIMIT	\$ 9,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 9,000,000
EACH OCCURRENCE LIMIT	\$ 3,000,000
RETAINED LIMIT (Each Occurrence)	\$ NONE

SCHEDULE OF UNDERLYING INSURANCE  
-----

POLICY, INSURER, & LIMITS OF LIABILITY  
-----

Auto Dealers Liability Coverage Including Products and Work You Performed Coverage	SENTRY SELECT INSURANCE COMPANY	25-62107-03
Covered Autos Liability - Each Accident Limit		\$ 500,000
General Liability Bodily Injury And Property Damage Liability - Each Accident Limit		\$ 500,000
Personal And Advertising Injury Liability - Any one Person or Organization		\$ 500,000
General Liability Aggregate Limit Products And Work You Performed		\$ 2,500,000
Aggregate Limit		\$ 2,500,000
Errors & Omissions Coverage	SENTRY SELECT INSURANCE COMPANY	25-62107-04
Employee Benefit Liability		
Employee Benefit Aggregate Each Employee		\$ 1,000,000 \$ 500,000
Employers Liability Coverage	NOVA CASUALTY COMPANY	BBD-WK-0010221
Bodily Injury by Accident - Each Accident		\$ 1,000,000
Bodily Injury by Disease - Each Employee		\$ 1,000,000
Bodily Injury by Disease - Policy Limit		\$ 1,000,000

EU DS 01 12 04

IRV 25-62107-03 60 181  
02-09-18  
PAGE 001

  
2-9-18



SEAVINC-01

KRICH1

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/09/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER License # 0564249</b> Heffernan Insurance Brokers 180 Howard Street, Suite 200 San Francisco, CA 94105  <i>Christine Krilanovich</i> <i>415-778-0300</i> <i>christinek@heffins.com</i>	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 1 (415) 778-0300 FAX (A/C, No): (415) 778-0301	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Seavco Inc. DBA Irv Seaver Motorcycle 607 West Katella Ave Orange, CA 92867	<b>INSURER A:</b> Nova Casualty Company <i>A, XV</i>	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			<b>BBD-WK-1000065-00</b>	<b>06/01/2017</b>	<b>06/01/2018</b>	PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Motorcycle Dealer

Re: As Per Contract or Agreement on File with Insured.

Reviewed and approved as to insurance language and/or requirements.

*Heidi M. Jay*  
Risk Management  
215-118

**CERTIFICATE HOLDER**

**CANCELLATION**

City of Garden Grove Attn: Risk Management 11222 Acacia Parkway Garden Grove, CA 92840	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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